16183

e. IS RESIDENCE ON A FARM?

Doy

12. CITIZEN OF WHAT

COUNTRY ?

(County)

22b. DATE SIGNED

(County)

0 V.

IF UNDER 1

Months

YES NO D

Year

19 6

19. WAS AUTOPSY

196 /, that (I) (we) last

PERFORMED? NO

(Stote)

(Stote)

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY RCESTER MARYLAND within 24 hours after b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) SERLIN d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS 3. NAME OF Middle First 4 DATE Lost Month completely DECEASED OF DEATH (Type or print) 1-1 /V S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7, MARRIED **NEVER MARRIED** lost birthdoy) in ony WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR HNOUSTRY HEBER LINE 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) ODUCTS SERVI requires that the death certificate ALFEMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes givenwar or dates of service buriol, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: the signed by the buriol-tronsit DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO ficate has been s for use os the b Health prior to b stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) this certificate ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) Hour 'o.m. foctory, street, office bldg., etc.) of work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from 19. 1967, and that death occurred at saw the deceased alive and M, from causes and an the date stated above. SIGNATURE STAFF PHYS. M.D. DIRECTOR PHYS director, poge . TO HOSPITAL Poge 4 may b 22c. PHYSICIAN'S ADDRESS NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 5RGREGN ERLIN 24! FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

A Committee of the second seco Thereto Leave Market Mary Coll the state of the state

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TO DEPUTY MESTAL EXAMINER: This certificate should be executed within 24 hours after death. If only delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office mong with farm PM3. Page

5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land2 with the state Department of

VR A15ME (5)

Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after deat 0

MARYLAND STATE DEPARTMENT OF HEALTH

W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, 301

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16184

2.1							
1	1. PLACE OF DEATH O. COUNTY WORCESTER MARYLAND	USUAL RESIDENCE (Where pleceased lived, if institution: Residen O. STATE b. COUNTY	te before admission)				
	b. (f) OR TOWN (If outside corporate limits r LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write PURAL and give	nearest town)				
	Rylite RUBAL and give nearest BERLIN CREARS RURA BERLIN						
5)	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)	2 3 BOX 146 BRANCH S-	e IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED TO First Middle Ma	Lost 4. DATE Month	Day Year				
	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER	19 TYEAR IF UNDER 24 HRS.				
	M WIDOWED DIVORCED	11/2/1887 Set birthdoy) Manths	Days Haurs Min.				
	10a, USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	(0	TIZEN OF WHAT UNTRY?				
	13. FATHER'S NAME	Maryland	U.S.A.				
	Unkown	Unkown					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT 88 Address	a Apt.				
	(Yes, no or unknown) (If yes give war ar dates of service) 19 14 330 5 J	seph F. Lewis Frederick,	Meryland				
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RONARI	1 Occlusion	ONSEL AND DEATH				
	4201 DUE TO 01.1	1 . \	1 4 5 5 4 5				
	Canditions, if any, which gave inse to immediate cause (a).	Hal Disesse	geares.				
	stating the underlying cause lost. DUE TO (c) ASCUI		Gears.				
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO !	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED? YES NO				
1	PRIMARY Or CONTRIBUTING O	(Enter nature of injury in Part I or Part II of item 18.)					
		CE OF INJURY (Hame, farm, and a control of the cont	unty) (State)				
	21. I certify that I taok charge of the remains described above, held on Autopsy, Inspection Inquiry, and in my apinion						
	death resulted fram: Natural causes Accident , Suic	ide 🔲, Homicide 🔲, Undetermined monner 🗀]				
	ACTUAL SIGNATURE TO MUSEUM.	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED				
-	EXAMINER'S F.J. TOWNSENDSTED.	DEPUTY MEDICAL EXAMINER OF A DEPUTY MEDICAL E	VOV 77,67				
	230. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(County) (Stote)				
1	Burial 12/1/67 Ever Green	Cemetery Berlin Worch					
	24 FUNERAL DIRECTOR State of Landing States		IGNATURE .				
		TOTAL OF THE PARTY	7 10 10				

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-	0	-di-	10,

CERTIFICATE OF DEATH

16185

1. PLACE OF DEATI	H				2 HSHAL DESIDENCE	(Where der	anead lived if inetit	ution. Poside	nco hofae	a admicci	nn) (nn
o. COUNTY			MARYL	AND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence of STATE b. COUNTY Maryland Dorche						1
	rcester (If outside corporate limit	5	c. LENGTH OF STAY IN		c. CITY OR TOWN (If					Annual Control	
write RURAL	and give nearest town)	₹1					orone mining, write is	own one gr	10 1100100	07-2	
	OW HILL PITAL OR INSTITUTION (If no	nt in hospital o	nive street address)		d. STREET ADDRESS	uke				B. IS RESIDENCE	
Rou	21 -	or at the spites, a	ine succe address;		Route	#1				ON A FARM? YES NO-	
3. NAME OF	Fi	rst	Middle		Lost	4. DAT	E Mo	nth	Doy	Ye	ום
(Type or print)	JAMES		DAVID	HES	SENAUER	JR DEA	TH NO	vembe	r	2919	67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER	YEAR	IF UNDER	
Male	White	WIDOWED	DIVORCED		ct. 5. 1	906	lost birthdoy)	Months	Doys	Hours	Min.
							ITIZEN OF				
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME			-		
Jam	es D. Hess	enauer	2		Eliza	eth	Stabm				
IS. WAS DECEASED I	EVER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. IN	FORMANT			ress H.). 1		
(Yes, no, or unknow)	n) (If yes give wor or dotes o	of service)		1 328	Mary A.	Hes	senauer	. Caml	orid	ge.l	Vid.
rise to immed stating the un lost.	IMMEDIATE CAUSE DUE only, which gove iote couse (a), derlying couse	TO (b) A	RTEMIO SI	CLP		<i>शिक्ष</i>	DISE	19545	54	WAS AUTO	
200. ACCIDENT V	SIGNIFICANT CONDITIONS C	ON KIBUTING I	O DEATH BUT NOT KEEA	ונט וט וח	E TERMINAL DISEASE (ONDITION G	IVEN IN PART I(0)		17.	PERFORM	NDCV
200 ACCIDENTA									Y		ED?
	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OCC	URRED. (E	nter noture of injury	in Port I or	Port II of item 18.)		Y		ED?
20c. TIME OF I	NG CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY Month, Doy, Year		JURY OCCURRED	20e. PLACE	onter nature of injury OF INJURY (Home, for, street, office bldg., e	orm, 20		(0	ounty)	ES 🔲	ED?
20c. TIME OF I Hour	NG CAUSE OF DEATH IFY MEDICAL EXAMINER) NJURY Month, Doy, Year o.m. 19 rtify that (I) (this has deceased alive an	20d. In While of work	JURY OCCURRED Not While of work ded the deceased f	20e. PLACE foctor	OF INJURY (Home, for ry, street, office bldg., e	orm, 201	f. (City or town)	form	ounty)	is []	ED? NO D
20c. TIME OF I Hour 21. I cei saw the 22o. SIGNATUI	NG □CAUSE OF DEATH FFY MEDICAL EXAMINER) NJURY Month, Doy, Year o.m. 19 retify that (I) (this has deceased ulive on RE	20d. In While of work	JURY OCCURRED Not While of work ded the deceased f	20e. PLACE foctor	OF INJURY (Home, for y, street, office bldg., ed) death accurred ATTENDING PHYS.	orm, 201	ta // (City or town) ta // STAFF	19 s and an 22b.	ounty), th the dat	iat (I) (Stote) we) la
20c. TIME OF I Hour	ng Cause of DEATH IFY MEDICAL EXAMINER) NJURY Month, Doy, Yeor o.m. 19 rtify that (I) (this has deceased alive on RE	20d. It While of work spital) atten	HJURY OCCURRED Not While of work of two	20e. PLACE foctor fram	OF INJURY (Home, for street, office bldg., e) death accurred	MED.	ta // (City or town) ta // STAFF	19 s and an 22b.	ounty), th the dat	nat (I) (e stated	Stote) we) la
20c. TIME OF I Hour 21. I cei saw the 22c. SIGNATUI 22c. PHYSIGIA NAME (1) 23o. BURIAL, CREMA REMOVAL (Spec	ng Cause of DEATH IFY MEDICAL EXAMINER) NJURY Month, Doy, Year o.m. 19 rrify that (I) (this has deceased alive on RE RE RE ROBERT TITION, 23b. DATE TH	20d. IN While of work spital) attenu	AJURY OCCURRED of work of two files of the deceased of the dec	20e. PLACE foctor ram // ram // M.D.	death accurred ATTENDING PHYS. 22d. ADDRESS BAY ST	MED. DIRECTOR	ta // STAFF STAFF PHYS. OW H111 LOCATION (City or	22b. 13	ounty) , th the dat DATE SIGN / 29	nat (I) (e statec	Stote) we) la
20c. TIME OF I Hour 21. I cei saw the 22c. SIGNATUI 22c. PHYSIQIA NAME(I) 23o. BURIAL, CREMA REMOVAL (Spec	ng Cause of DEATH FY MEDICAL EXAMINER) NJURY Month, Doy, Year o.m. 19 rtify that (I) (this has deceased alive on RE NS Pel Robert TION, 23b. DATE TH Dec. 2	20d. In While of work spital) aftern 2 Property 2 Prope	Mar MD 23c. NAME OF CEMET Parkwood	20e. PLACE foctor ram // md that M.D.	OF INJURY (Home, for y, street, office bldg., e death accurred ATTENDING PHYS. 22d. ADDRESS Bay Streem Bay Streem	MED. DIRECTOR	I. (City or town) The staff PHYS. OW Hill LOCATION (City or Baltimore)	19 s and an 22b. 11 Md. Town)	ounty) , th the dat DATE SIGN / 29 (County	nat (I) (e stated	Store) we) la
20c. TIME OF I Hour 21. I cei saw the 22o. SIGNATUI 22c. PHYSIGIA NAME IA 120 BURIAL, CREMA REMOVAL (Special Total 2) 24. FUNERAL PURE	ng Cause of DEATH IFY MEDICAL EXAMINER) NJURY Month, Doy, Year o.m. 19 rrify that (I) (this has deceased alive on RE RE RE ROBERT TITION, 23b. DATE TH	20d. In While of work spital) aftenue of the spital attenue of the	Mar MD 23c. NAME OF CEMET Parkwood Carapdress dg	ram // nd that M.D. ERY OR CR	death accurred ATTENDING PHYS. 22d. ADDRESS REMATORY 250. RI	MED. DIRECTOR 23d. CCD BY REGI	ta // STAFF STAFF PHYS. OW H111 LOCATION (City or	19 s and an 22b. 11 Md. Town)	ounty) , th the dat DATE SIGN / 29 (County	nat (I) (e stated	Store) we) la

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye cathon papers. Pages that after beath a shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

VR AT5 (4) 20 M 1/66

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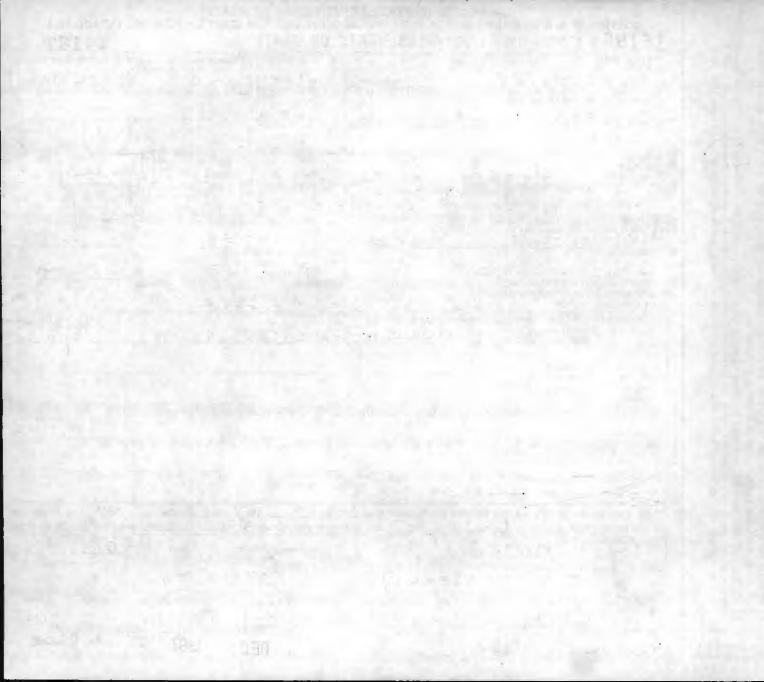
16186

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived, if institution: Residence before admission) O. COUNTY WOREES TER 6. COUNTY () OR MARYLAND & LENGTH OF STAY IN 16 JOHN OR TOWN (If autside carparate limits, write RURAL and give nearest town) Stare Depart e. IS RESIDENCE ON A FARM2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital private of orders NO pencil in Item 18.- Give Poges be exacuted within 24 hours after deoth. should be farwarded to the Chief Medical Examiner's Office olong with 3. NAME OF DECEASED 4. DATE Month he (In years IF UNDER 1 YEAR permit. File pages 1 and 2 with last birthday) Months Hours 72 hours after death WIDOWED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY . ONO 13. FATHER'S NAME 5 (Yes, no, or unknown) (If yes give wor or dotes of service within ONC IB. CAUSE OF DEATH [Enter only one couse per-lige for (o) INTERVAL BETWEEN o buriol-tronsit PART I OFATH WAS CAUSED BY ONSET AND DEATH any event writing the word This certificate shauld DUE TO ASCEN Conditions, if ony, which gove dIN rise to immediate couse (a). .= DUF TO stating the underlying couse removol, and lost. be used PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? ONC. 200. EXTERNAL CAUSE WAS BESCRIBE HOW INJURY OCCURRED. (Enter poture of injury in Part I or Part V of item 1B.) 3 should cremation, or PRIMARY CONTRIBUTING CAUSE OF PEATH. discharged files. 20e. PLACE OF INJURY (Home, farm, (City or town) (County) Not While of work factory, street, office bldg., etc.) moy be retained far your FUNERAL DIRECTOR: Page 19 6 ot wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection \ ond in my opinion funeral director. Noturol couses Undetermined manner deoth resulted from: Accident Suicide Homicide Health prior to 22. DATE SIGNED SIGNATURE NAME (Type) (Stote) 0 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (\$

100 E Length All States of States The second secon Butt you would be specificable to the state of the s other type E and the contract t and the second of the second o

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 1 Film G395 12/12/GERTIFICATE OF DEATH and 2 death. after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY by the 1 CES MARYLAND 8 5315 b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b C. CITY DR TDWN of outside corporate limits, write RURAL and give nearest town) by hours 7 2 2 0 pers. Miled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS e. IS RESIDENCE DN A FARM? RD pa YES ND completely to ye carbon particular particula executed within 3. NAME DE First Middle DATE Month Last 4. Day Year remove Cart DECEASED DF DEATH (Type or print) AMES OV 19 6 0 5 5, SEX 6. CDLDR OR RACE DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** last birthday) Months i Hours removal, and in any WIDDWED DIVDRCED YES. 10a. USUAL DCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT d by the attending physician ransit permit. Then please r cremation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) The law requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRYZ LUMBERT 4 LLECTE 50 13. FATHER'S NAME MDTHER'S MAIDEN NAME 14. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. INFORMANT Address 17. (Yes, go, or unkown) (If wes give war or dates of service) been signed by the the burlat-transit or to burlat, cremati CAUSE DF DEATH [Enter only one cause per INTERVAL BETWEEN QNSET AND DEATH Ine for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO stating as th underlying cause last. for Funeral Directors. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health pric (C) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? TIFICAT NO W YES. PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CER CAL TIME OF DANSY Month, Day Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) MED Not While While 0 p.m. at work 190 at work 21. I certify that (I) (this hospital) attended the deceased from that (1) (we) last that death occurred at 20 M. from the causes and on the date stated above. saw the deceased alive on and 22a. SIGNATURE PHYS. MED. DIRECTOR STAFF M.D. PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) 23a. BURIAL, CREMATION. 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATURY 23d. LOCATION (City, town or county) (State) ARK PEMOVAL (Specify) 2 2 21101 ADDRESS FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 196 VR A15 (4) DATE DEC 5 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

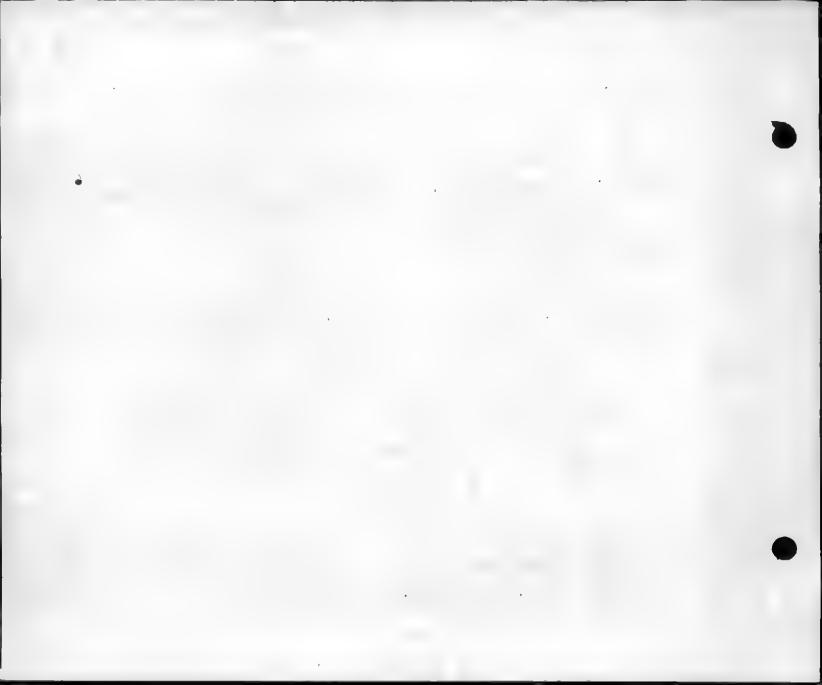
16193

CERTIFICATE OF DEATH

16188

7 3														
\mathcal{I}		PLACE OF DEATH						2. USUAŁ RESIDENCE	(Where de	ceosed lived, if instit	ution: Resider	ce before	odmissio	n)
	(Worce	ster			MARY	LAND	o STATE Maryland b COUNTY Worcester						
	ŀ	CITY OR TOWN (foutside corporate limit	i,	c LENGTH OF STAY IN 16		c. CITY OR TOWN (If outside carporate limits, write RURAL and give			e nearest	tawn)			
		Berli	l give nearest town)					Gird]	etre	e			23	
	(NAME OF HOSPITA	AL OR INSTITUTION (If no	t in hospitol, g	ive stre	et oddress)		d. STREET ADDRESS				e	IS RESID	ENCE
			n Nursing	Home	_							Y		NO X
		NAME OF DECEASED	Fi	st		Middle		lost	4. DA	TE Mo	nth	Doy	Yeo	r
	(Type or print)	SADIE		E.		MAD:				mber	<u> 18</u>	19 5	
	5. 5	SEX	6 COLOR OR RACE	7 MARRIED		NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	F UNDER Months	Doys Doys	Hours	24 HRS.
		Female	White	WIDOWED		DIVORCED		2/21/1882	2	85 yrs	7.01.110	2013	110013	स्मा
		USUAL OCCUPATION	(Give kind of work done		ND OF E	BUSINESS OR		11. BIRTHPLACE (Coun	ty & Stote,	or foreign country)		TIZEN OF I	WHAT	
	OUTH	Housev				Home		Virgini	a		US			
	13.	FATHER S NAME						14. MOTHER'S MAIDER						
		Major	Pruitt					Mahlev	F.11:	zabeth C	urtis			
	15	WAS DECEASED EVE	R IN ILS ARMED FORCES?	16. 5	OCIAL S	SECURITY NO	17. I	NFORMANT		Ads	oc mo	ke (City	T .
	(Tes	N O	(If yes give war or dates o	it service)			Mr	s. Gladys	a Model		Maryl		O O ,	,
	Ī	18. CAUSE OF DE	ATH (Enter only one cou	se per line for	(o), (b)	, ond (c).)				<u> </u>		INTER	RVAL BETV	
		PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE	(a) E	Par	time	w	Brus				ONSI	ET AND DI	EATH
		170X	DUE											
	-	Conditions, if ony,		(b) D	20	betin	22	rollin				1	0 0	Lez
	ı	rise to immediat		. ,	_									
		lost.)	(c) C	ni	trug s	rele	mission						
	_	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEAT	H BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE O	ONDITION	GIVEN IN PART I(o)		19 1	WAS AUTO	PSY
`	MEDICAL CERTIFICATION												PERFORME	NO ZÎ
	윒	200 ACCIDENT WAS		205. DE:	SCRIBE I	HOW INJURY OC	CURRED. (Enter nature of injury i	n Part I or	Port II of item 18.)				
	E		☐ CAUSE OF DEATH MEDICAL EXAMINER)							·				
	륈		JRY Month, Day, Year	20d IN	JURY O	CCURRED	20e. PLAC	E OF INJURY (Home, fo	rm, 20	of (City or town)	(Co	unty)	(5	Stote)
	띭	Hour o.n	10	While of work		lot While	facto	iry, street, office bldg., et	(C.)				ì	
	H		fy that (I) (this has				fram	mar 2	19 67	to 82-14	~ 19	E) the	at (IV (v	we) last
			eceased alive an_					death occurred		M, from cause				
	- 1	220 SIGNATURE	_				•					ATE SIGNE		
	l	1	rarles	RL	-BU	n	Q.M	ATTENDING X	MED DIRECTO	OR D STAFF				
	ı	22c. PHYSICIAN'S						22d. ADDRESS						
		NAME (Type)	Charle	s Lau		MB.		Rerli	n Ma	1				
	230.	BURIAL, CREMATIC		REOF	23c.	NAME OF CEME	TERY OR (REMATORY	23d	. LOCATION (City or 1	lown)	(County)	(51	tote)
		REMOVAL (Specify	77/70	/1967		Dath B	den		7	Jorgeste	ro. Mo	1		
7	24.	FUNERAL DIRECTO		1 701	-	ADDRESS	14 (11		C'D BY REC	GISTRAR 25b.	REGISTRAR'S	IGNATURE		
		x 2 rate	1 (Xsous	-	Sm	OT 1143	7 1	DATE	NOV	2 1 1967	ficio	welly	Jud	42

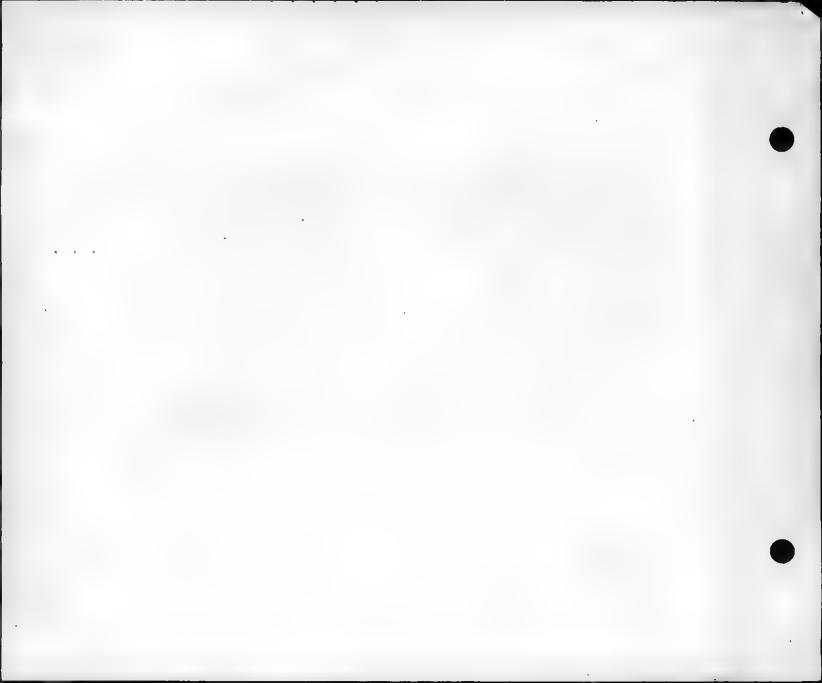
the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. affer de6th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers—ta should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66



1.10		CERTIFICATE	OF DEATH		T 1123)			
1 PLACE OF DEATH				Where deceased lived, if instit.		idmission)			
∘ COUNTY ₩O	rcester	MARYLAND	o state Mar	yland b. col	Worces	ster			
5 CITY OR YOWN (If o.	itside corporate limits,	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate amits, write RURAL and give nearest town)						
write RURAL god gre Stockt	on	6 years	Sto	ckton		1:1			
d NAME OF HOSPITAL C	OR INSTITUTION (If not in hospitol,	give street oddress)	d STREET ADDRESS		e	S RESIDENCE ON A FARM?			
					YES				
3 NAME OF	First	Middle	Lost	4. DATE Moi	nth Doy	Year			
(Type or print)	JOSEPH	FREDERICK	MILES	OF DEATH Novem		19 67			
S. SEX 6.	COLOR OR RACE 7, MARRIED	NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years lost burthday)		JNDER 24 HRS. Hours Man			
	White WIDOWED	DIVORCED	Jan. 1, 1	900 67 yrs					
10o. US_AL OCCUPATION (Gi during most of working life Main tenanc	ve kind of work done 10b even (setired)	kind of Büsiness or NOUSTRY TO Factory	II BIRTHPLACE (County Accomack Virginia	& State, or foreign country) County,	12 CITZEN OF W COUNTRY? U.S.A				
13. FATHER S NAME	0 11011 110	00 1 40 001 3	14. MOTHER'S MAIDEN	NAME	0.00.8	2.0			
Robert M	1100		Minnia	Bundick					
15 WAS DECEASED EVER IN	U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 17, 1	NFORMANT		Iress				
(Yes, no, or unknown) (If y	teriore la catalana de canica)	59-07-4180 Mr		Miles 9toc	leton Mar	yland			
	(Enter only one couse per line fo		3 delacva			AL BETWEEN			
PART DEATH V	VAS CAUSED BY	Varior A.	a deal	Interes	ONSET	AND DEATH			
4201	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Conditions, if ony, wh		48(1/		/					
rise to immediate co	use (o), (DHE TO	1							
last.	(c)								
PART II OTHER SIGNII	ICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART 1(0)	19. W. PE YES	AS AUTOPSY REORMED?			
200 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	AUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18)					
20c. TIME OF INJURY Hour om.		e Not While foct	CF OF INJURY (Home, form ory, street, office bldg , etc.)		(County)	(Stote)			
21. I certify	21. I certify that (I) (this hospital) attended the deceased from July , 1965 to Nov 9 , 1967, that (I) (we) las								
saw the decer	ased alive on	$\frac{7}{19}$ $\frac{6}{6}$, and that	r death occurred at	M, fram causes	226 DATE SIGNED	stated abave			
220 SIGNATURE	reswh	The MI	ATTENDING PHYS	MED STAFF DIRECTOR PHYS [1/0V/	0,67			
22c PHYS CIAN'S NAME (Type)	Isaac S	white, m	D 22d ADDRESS	loxom,	Va.				
230. BJRIAL, CREMATION,	23b. DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or T		(Stote)			
BUT ISpecify)	11-13-1967	Gunby Presby	yterian	Stockton -	- Worceste	er-Md.			
24 SUNERAL DIRECTOR	Lut.	ADDRESS		BY REGISTRAR 256	REGISTRAR'S SIGNATURE				

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely fitted in by the fundral director, page 3 should be detached for use as the bunol-transit permit. Then please remove cardon pagers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter degited Poge 4 may be retained by the hospital or offending physician. VR A15 (4) 25M 1/67

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16190

V		TORUX	CERTIFICATE	UF DEATH	
1	0	COUNTY Worces to	MARYLAND MARYLAND	USUAL RESIDENCE (Where deceased lived, if institution: Reso. STATE	NOrcester
		Orite RURAL and giv) nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN If outside corporate limits, write RURAL and	2-1
7		I. NAME OF HOSPITAL OR INSTITUTION (If not in t	hospitol, give street oddress)	R.F.D. 2 Box 90	e. IS RESIDENCE ON A FARM? YES NO
	-		re Midyle	Lost 4. DATE OF BIRTH 19. AGE (In years 15 UN)	Day Year 4 1967 DER 1 YEAR 1 IF UNDER 24 HRS.
	S. S		VIDOWED DIVORCED	July 22,1904 63 yrs. Mont	
	duin	ng most of working life, (ven if refired) EATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	11. B&THPLACE (County & Stote, or foreign country) 14. MOTHER'S MAIDEN NAME	COUNTRY? USA.
		2001 d Raw Was DEGE ASED EVER IN U.S. ARMED FORCES?	1 6. SOCIAL SECURITY NO. 17. J	Bertie Gumby	
	(Yes	(If yes give wor or dotes of service) 8. CAUSE OF DEATH (Enter only one couse pe	213-16-8363 N	largaret Ginn RFD2 Po	comoke, Md.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Usen	nia	ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause DUE TO	dia belic	· Nephropathy	Hears
		last. (c)	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DIŞEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY
3	CATION		Dealetes	mellutis.	PERFORMED? YES NO
	IL CERTIFICATION	200_ ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Port I or Port II of Item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19	While Not While of work of work	CE OF INJURY (Hame, form, ory, street, office bldg., etc.)	(County) (State)
		21. I certify that (I) (this haspital saw the deceased alive on		death accurred atM, fram causes and a	1927, that (1) (we) last n the date stated above.
		220. SIGNATURE Airil	Paper M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.	11/5 /67
		22c. PHYSICIAN'S NAME (Type) PAV 10	RAFAT	T22d. ADDRESS SNOW HM	M.
	E	BURIAL, CREMATION, REMOVA! (Specify) 23b. DATE THEREOF	67 hiloh Mety	. Cem. Focomoke	Wor, My.
1	24.	UNERAL DIRECTOR	O ADDRESS by Chi	250. REC'D BY REGISTRAR 256. REGISTRAL	R'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death Poge 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 flours of the deets.

1187 -MS:7-A Water on a City of the control of MINISTER OF STREET STREET, STR

1	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	0191
1.	PLACE OF DEATH G. COUNTY	2. USUAL-RECIDENCE (Where deceased lived, if institution: Reside	ence befare admission
	Workester MARYLAND	a leitwake	ussex'
	b. CRY OR TOWN (It outside carparate limits, c. LENGTH OF STAY IN 16	c. CIN OR TOWN (If autside carparate limits write RURAL and gi	
14	d. NAMA OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREE ADDRESS	e IS RESIDENCE
	TOTS LANGING	KOXANA	ON A FARM? YES NO
3.	NAME OF First Middle	Last 4 DATE Month	Day Year
	DECEASED (Type or print) Kobert EVANS WI	OF DEATH NOV	21 1967
S.		8. DATE OF BIRTH 9. AGE (In years IF UNDE) Host birthday) Manths	N I YEAR IF UNDER 24 HRS
10	WIDOWED DIVORCED	3/29/15 52 Vis.	ITIZEN OF WHAT
	o. USUAL OCCUPATION (Give kind of wark dane integrated) 10b. KIND OF BUSINESS OR INDUSTRY		OUNTRY A
13	Extentive Pricken	14. MOTHER'S, MAIDEN NAME	VCSA
	HARRY F. Wilgus	VALERIA EVANS	
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	1001
L	10 218-20-6195/1	EWILGUS JR. FRANKFORD,	Del.
	PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: PART II. DEATH WAS CAUSED BY:	· Anadantal	INTERVAL BETWEEN ONSET AND DEATH
1	9298 IMMEDIATE CAUSE (o) DUE TO	, HEAGEDIA	
	Conditions, if any, which gave) (b)	F	
	rise to immediate cause (a), Stating the underlying couse DUE TO		
	last. (c)		LID WAS AUTODSY
NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part, II of item 18.)	TES NO L
	CAUSE OF DEATH.	bay - Found later.	
DICAL		ACE OF INJURY (Hame, form, 100f. (City or town) (City, street, affice bldg., etc.)	aunty) (State)
W	at wark at work	SAY MUKE NEWER	WOR ITH
	21. I certify that I taak charge of the remains described above, he		and in my apinio
	death resulted from: Natural causes , Accident Suit	cide [, Ham/cide [, Unde/ermined manner [CHIEF MEDICAL EXAMINER [_
	SIGNATURE THE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S FITTO WASENCE TO	DEPUTY MEDICADEXAMINER	11 22.67
20	Id. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	COMMATORY 23d LOCATION (City or Town)	(Caunty) (State)
20	REPOYAL Specify C 11-25-67 WILCOS	CEMETER ROXANA S	SCEV DET.
1	24. FUNERAL DIRECTOR ADDRESS A	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	11. A The entire Illevan I show in the kein	1 - 6 - 6 - 6	0 0

VR A15ME (5) 6M 1/67

TO DEPUTY ME. necessory,

MEDICAL EXAMINER: This certificate shauld be executed within 27 maps. Sive Poges 1, 2, and 3 to please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to

the funeral director. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with form

5 may be refoined for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of

Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

engles. Lacer Towns Towns 1 1980 by perhaps some of the HUMANT BUILDING PHONE S AR FILENIE BEVELLER CHARLES BETTER Entropy of the second s State of the state The second of th LE STATE OF THE PROPERTY OF THE PARTY OF THE PARTY. with the same of the same of the same